APR 2 1 2006

PART B - FEE(S) TRANSMITTAL



Complete and sand this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

ndicated unless corrected naintenance fee notification		in Block I, by (a)	specitying a	a new co	rrespondence address	; and/or (b) indicating a	a separate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
02292 7:	590 01/24/2006				papers. Each addition have its own certificat	al paper, such as an assi te of mailing or transmis	ignment or formal drawing, must sion.	
BIRCH STEWART KOLASCH & BIRCH LILP					Ce	rtificate of Mailing or	Fransmission	
PO BOX 747					I hereby certify that t States Postal Service	his Fee(s) Transmittal is with sufficient postage f	being deposited with the United for first class mail in an envelope	
FALLS CHURCH, VA 22040-0747				٠.	addressed to the Ma transmitted to the US	il Stop ISSUE FEE ad PTO (571) 273-2885, on	s being deposited with the United for first class mail in an envelope ldress above, or being facsimile the date indicated below.	
							(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE	I	IRST NAME	O INVEN	FOR	ATTORNEY DOCKET	NO. CONFIRMATION NO.	
10/697,025	10/31/2003		Masaru	Masaru Tanaka		0079-0149P 1080		
TITLE OF INVENTION: PELVIS CORRECTION APPARATUS 04/24/2006 CNGUYEN1 00000063 10697025								
					01 FC 02 FC		700.00 OP 300.00 OP	
					03 FC	8001	12.00 OP	
APPLN, TYPE	SMALL ENTITY	ISSUE FE	E			TOTAL FEE(S) DUE		
nonprovisional	YES	\$700			\$300	\$1000	04/24/2006	
EXAMINER .		ART UNIT		CL	ASS-SUBCLASS			
NGUYEN, CAMTU TRAN 3743					602-033000			
Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list BIRCH STEWART (383).								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	RESIDENCE DATA TO B			-	• • •			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NOT	lata will appo a substitute	ear on th for filing	e patent. If an assignant an assignment.	nee is identified below,	the document has been filed for	
(A) NAME OF ASSIGNEE (E			B) RESIDENCE: (CITY and STATE OR COUNTRY)					
lease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖵 Corporation or other private group entity 🖵 Government								
a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
_				☑ A check in the amount of the fee(s) is enclosed. ☑ Payment by credit card. Form PTO-2038 is attached.				
Deposit Account Number <u>02-2448</u> (enclose an extra copy of this form).								
Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
			• •				pplication identified above. t; or the assignee or other party in	
Authorized Signature W. M. Changelline				Date 4/21/06				
Typed or printed name	Registration No. 32,334							

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.